

NO BUSINESS REGISTRATION APPLICATION MAY BE ISSUED UNLESS APPLICANT HAS A STATE TAX ID NUMBER OR PRESENTS PROOF THAT HE OR SHE HAS APPLIED FOR SAME.

**CITY OF TRUTH OR CONSEQUENCES, NEW MEXICO
OFFICE OF THE CITY CLERK
505 SIMS, TRUTH OR CONSEQUENCES, NM 87901**

A SEPARATE BUSINESS REGISTRATION APPLICATION FORM SHOULD BE COMPLETED FOR EACH BUSINESS.
ALL BUSINESSES ARE REQUIRED TO SUBMIT A NEW BUSINESS APPLICATION AT THE TIME OF RENEWAL.

New Business Renewal

1. Name of Business:		Phone No. () - -	
2. Mailing Address of Business:		City	State Zip Code
3. Applicant is: Individual Partnership Corporation		Other Home Occupation <input type="checkbox"/> Level 1 2 3	
A. For Individuals – Name & Address of Owner			
Name & Mailing Address of Owner:		City	State Zip Code
Email Address:			
B. For Partnerships – Names & Addresses of All Partners:			
Name & Mailing Address of Partner:		City	State Zip Code
Name & Mailing Address of Partner:		City	State Zip Code
C. For Corporations – Names & Addresses of Officers			
Name & Mailing Address of President:		City	State Zip Code
Name & Mailing Address of Vice- President:		City	State Zip Code
Name & Mailing Address of Secretary:		City	State Zip Code
Name & Mailing Address of Treasurer		City	State Zip Code
4. Nature of Business:			
5. List Addresses of each Location, Outlet, or Branch of Business Located in Truth or Consequences:			
6. Total number of locations listed in number 5. : _____			
7. Current New Mexico Identification Number: _____			
<p>8. This Business Registration is issued for one Calendar year January-December. Business Registrations are not pro-rated. It is renewable before March 16th of each year. After March 16th it will be considered delinquent and a late fee of \$10.00 will be applied to your account.</p> <p align="center"><u>If you are no longer in business, please inform the City Clerk, so that our records can be corrected.</u></p>			
Signature/Title: _____			Initials _____
Date: _____		Date: _____	
Office Use Issued by: _____ Rec.: _____ Date: _____	Approved by P& Z Date: _____ (if applicable)		
Approved as to proper zoning: _____		Code Enforcement/Building Inspector: _____	